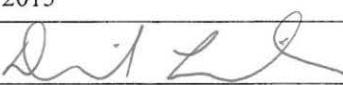


UNITED STATES DISTRICT COURT CENTRAL DISTRICT OF CALIFORNIA		FOR COURT USE ONLY DUE DATE:	
TRANSCRIPT DESIGNATION AND ORDERING FORM			
1. NAME Dan Laidman	2. PHONE NUMBER 213-633-6800	3. DATE July 8, 2015	
4. FIRM NAME: DAVIS WRIGHT TREMAINE LLP		5. E-MAIL ADDRESS: danlaidman@dwt.com	
6. MAILING ADDRESS 865 South Figueroa Street, Suite 2400		7. CITY Los Angeles	
8. STATE CA		9. ZIP CODE 90017	
10. CASE NUMBER CV 15-1815-MWF	11. CASE NAME City of Inglewood v. Joseph Teixeira	12. JUDGE Hon. Michael W. Fitzgerald	
13. APPEAL CASE NUMBER	14. ORDER FOR <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> NON-APPEAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> AUSA <input type="checkbox"/> FPD <input type="checkbox"/> OTHER		
15. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) Attach additional page for designations if necessary.			
HEARING DATE	COURT REPORTER	PROCEEDINGS	
July 7, 2015	Myra Ponce	<input type="checkbox"/> VOIR <input type="checkbox"/> OPENING <input type="checkbox"/> SETTLEMENT <input type="checkbox"/> CLOSING <input type="checkbox"/> JURY <input type="checkbox"/> DIRE <input type="checkbox"/> STATEMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> ARGUMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> PRE-TRIAL <input checked="" type="checkbox"/> OTHER (PLEASE SPECIFY): Telephonic Status Conference	
		<input type="checkbox"/> VOIR <input type="checkbox"/> OPENING <input type="checkbox"/> SETTLEMENT <input type="checkbox"/> CLOSING <input type="checkbox"/> JURY <input type="checkbox"/> DIRE <input type="checkbox"/> STATEMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> ARGUMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> PRE-TRIAL <input type="checkbox"/> OTHER (PLEASE SPECIFY):	
		<input type="checkbox"/> VOIR <input type="checkbox"/> OPENING <input type="checkbox"/> SETTLEMENT <input type="checkbox"/> CLOSING <input type="checkbox"/> JURY <input type="checkbox"/> DIRE <input type="checkbox"/> STATEMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> ARGUMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> PRE-TRIAL <input type="checkbox"/> OTHER (PLEASE SPECIFY):	
		<input type="checkbox"/> VOIR <input type="checkbox"/> OPENING <input type="checkbox"/> SETTLEMENT <input type="checkbox"/> CLOSING <input type="checkbox"/> JURY <input type="checkbox"/> DIRE <input type="checkbox"/> STATEMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> ARGUMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> PRE-TRIAL <input type="checkbox"/> OTHER (PLEASE SPECIFY):	
		<input type="checkbox"/> VOIR <input type="checkbox"/> OPENING <input type="checkbox"/> SETTLEMENT <input type="checkbox"/> CLOSING <input type="checkbox"/> JURY <input type="checkbox"/> DIRE <input type="checkbox"/> STATEMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> ARGUMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> PRE-TRIAL <input type="checkbox"/> OTHER (PLEASE SPECIFY):	
16. ORDER: IF ORDERING BOTH PAPER AND ELECTRONIC COPIES, THERE WILL BE AN ADDITIONAL CHARGE.			
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FORMAT	
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REAL TIME	<input type="checkbox"/>	19. Transcription agency for digitally recorded proceedings:	
(CERTIFICATION 17 & 18) By signing the below, I certify that I will pay all charges (deposit plus additional).			
17. DATE: July 8, 2015			
18. SIGNATURE: 			
NAME OF OFFICIAL: _____ Payment of estimated transcript fees were sent on the following date: Month: July Day: 8 Year: 2015			

